

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PERMITS OFFICE

Operator
Caulkins Oil Company

Address
P.O. Box 780 Farmington, New Mexico

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
State "B" Comm

Well No.
233

Pool Name, including Formation
Basin Dakota

Kind of Lease
State, Federal or Fee State

Lease No.
E-291-25

Location
Unit Letter D : 1145 Feet From The North Line and 980 Feet From The West
Line of Section 16 Township 26 North Range 6 West , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Giant Refinery Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256 Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent)
1508 Pacific Ave. Dallas, Texas

If well produces oil or liquids, give location of tanks.

Unit
D

Sec.
16

Twp.
26N

Rge.
6W

Is gas actually connected?
Yes

When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐

Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth

Perforations
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Oil - MCF

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-In)

Casing Pressure (Shut-In)

Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Superintendent
(Signature)
8-8-83
(Date)

OIL CONSERVATION DIVISION
AUG 19 1983
APPROVED
BY
TITLE
SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.